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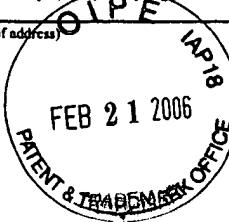
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PATENT DEPT  
EXELIXIS, INC.  
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Anne Carlson, Ph.D.	(Depositor's name)
<i>Anne Carlson</i>	(Signature)
<i>February 17, 2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033,190	10/29/2001	Karin Connors	EP01-002C	7347

TITLE OF INVENTION: IDENTIFICATION AND CHARACTERIZATION OF AN ANTHOCYANIN MUTANT (ANT1) IN TOMATO

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HELMER, GEORGIA L	1638	800-282000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Klarquist Sparkman, LLP*

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Exelixis Plant Sciences, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Portland, Oregon, USA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 4

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized by charge 02-4350 fee(s), or credit any overpayment, to Deposit Account Number 02-4350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Anne Carlson

Date February 17, 2006

Typed or printed name Anne Carlson, Ph.D.

Registration No. 47,472

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